



**MASENO UNIVERSITY  
OFFICE OF THE REGISTRAR – ACADEMIC AFFAIRS**

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Private Bag,  
MASENO-Kenya

Please photocopy and fill in this form in quadruplicate (Fill in 4 copies)

**STUDENTS PERSONAL DETAILS**

Affix one colour  
passport size  
photograph here

NAME \_\_\_\_\_ ADM.NO. \_\_\_\_\_  
SURNAME OTHER NAMES

FACULTY/SCHOOL ADMITTED INTO \_\_\_\_\_

PROGRAMME ADMITTED FOR \_\_\_\_\_

**NOTE:**

- i. Complete four (4) copies of this form in capital letters. Attach to each form any recent colour passport size photograph taken in one shot (NOT FROM A 'PHOTO ME' MACHINE).
- ii. The names appearing in this form should be the same as that with which you were registered for K.C.S.E/official names on your other certificates.
- iii. Information provided will be for purposes of assisting the student whenever need arises. The information therefore should be true and correct.

1. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

2. Gender:  Male  Female (Tick whichever is appropriate)

3. Marital Status:  Married  Single (Tick whichever is appropriate)

4. Name and Address of spouse if married  
\_\_\_\_\_  
\_\_\_\_\_

5. Place of Birth:

Village: \_\_\_\_\_ Location: \_\_\_\_\_ District: \_\_\_\_\_

Name of Chief: \_\_\_\_\_

Nearest Police Station: \_\_\_\_\_

6. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

7. Address for Correspondence

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

8. Full name of Mother: \_\_\_\_\_

9. Is mother alive or deceased? \_\_\_\_\_

10. Full name of Father: \_\_\_\_\_

11. Is Father alive or deceased? \_\_\_\_\_

12. Full name of Guardian(if neither 8 nor 10) \_\_\_\_\_

13. Occupation of

a) Mother: \_\_\_\_\_

b) Father: \_\_\_\_\_

c) Guardian (if neither 12a nor 12b): \_\_\_\_\_

14. Names and Addresses of Brother(s) and Sister(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Give Names, Addresses and Telephone Numbers of two people who can be contacted in case of Emergency.

i. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

ii. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

16. Name and Address of last school attended:

\_\_\_\_\_

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17. Index Number: \_\_\_\_\_ Mean Grade: \_\_\_\_\_

18. Subject	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. Do you suffer from any physical impairment? If so give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Please give any information you think is useful for you to communicate to the University

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information I have provided is correct:

Signature: \_\_\_\_\_ ID/No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_